## West Virginia University Course Overload Petition (Graduate)

This form is required for gradua term. No overload requests will t recommendation by his/her advi approved by the Associate Provo approval from all advisors.	be considered sor and appro	for the Sum oval from th	mer term. This form mu e Assistant/Associate Dea	st be completed by the stu an. All course overload re	ident with a quests must also be
Student's Name (print):				ID#:	
Address:				Phone:	
Address:				Email:	
Expected Date of Graduation:				Degree Program(s):	
Reason for making request:				Select Appropriate Semester	
					pring
					to be taken
				Courses	Credit Hours
Student's Signature: IMPORTANT: THIS	PORTION	MUST BE	COMPLETED BY S	Total Credit Hours	
Advisor's name (print): Dep				Department:	
	Previo	us Two Se	emesters Academic	Progress	
Semester	Hrs Attempted		Hrs Completed	Semester GPA	Overall GPA
		lomptou			
Cumulative to Date					
Advisor Recommendation:	Recom	mended	Not Reco	mmended	
Advisor's Signature(s):					Date:
Assistant/Associate Dean Name: Assistant/Associate Dean Decision:					
			pproved Not Recommended		nded
Assistant/Associate Dean's S	ignature:	<u>!</u>			
					Date:
Associate Provost for Graduate Academic Affairs' Signature:					
Office of Graduate Education and Life - M			- gnata of		
					Date: